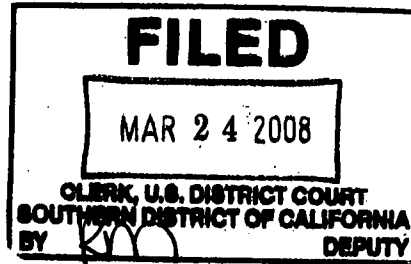


2008	1983	<input checked="" type="checkbox"/>
FILING FEE PAID		
Yes	No	<input checked="" type="checkbox"/>
HYP MOTION FILED		
Yes	No	<input checked="" type="checkbox"/>
COPIES SENT TO		
Court	ProSe	<input checked="" type="checkbox"/>



**SOUTHERN UNITED STATES DISTRICT COURT  
DISTRICT OF CALIFORNIA**

**Richard L. Foster** Plaintiff,

vs.

**A. Verkouteren** Defendant.

**'08 CV 0554 DMS CAB**

CASE NO. \_\_\_\_\_

**PRISONER'S  
APPLICATION TO PROCEED  
IN FORMA PAUPERIS**

I, Richard L. Foster, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes \_\_\_\_ No **X**

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: \_\_\_\_\_ Net: \_\_\_\_\_

Employer: \_\_\_\_\_

\_\_\_\_\_

1 If the answer is "no," state the date of last employment and the amount of the gross and net  
 2 salary and wages per month which you received. (If you are imprisoned, specify the last  
 3 place of employment prior to imprisonment.)

4 I am in prison. My last place of employment that  
 5 I can remember was at In-N-Out BURGER  
 6 back sometime in 1988.

7 2. Have you received, within the past twelve (12) months, any money from any of the  
 8 following sources:

- 9 a. Business, Profession or Yes \_\_\_ No X  
 10 self employment  
 11 b. Income from stocks, bonds, Yes \_\_\_ No X  
 12 or royalties?  
 13 c. Rent payments? Yes \_\_\_ No X  
 14 d. Pensions, annuities, or Yes \_\_\_ No X  
 15 life insurance payments?  
 16 e. Federal or State welfare payments, Yes \_\_\_ No X  
 17 Social Security or other govern-  
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount  
 20 received from each.

21 \_\_\_\_\_  
 22 \_\_\_\_\_

23 3. Are you married? Yes \_\_\_ No X

24 Spouse's Full Name: \_\_\_\_\_

25 Spouse's Place of Employment: \_\_\_\_\_

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ \_\_\_\_\_ Net \$ \_\_\_\_\_

28 4. a. List amount you contribute to your spouse's support: \$ \_\_\_\_\_

- b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.)

*I have no dependents.*

5. Do you own or are you buying a home? Yes \_\_\_ No ☒

Estimated Market Value: \$ \_\_\_\_\_ Amount of Mortgage: \$ \_\_\_\_\_

6. Do you own an automobile? Yes \_\_\_ No ☒

Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_

Is it financed? Yes \_\_\_ No \_\_\_ If so, Total due: \$ \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_

7. Do you have a bank account? Yes \_\_\_ No ☒ (Do not include account numbers.)

Name(s) and address(es) of bank: \_\_\_\_\_

Present balance(s): \$ \_\_\_\_\_

Do you own any cash? Yes \_\_\_ No ☒ Amount: \$ \_\_\_\_\_

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes \_\_\_ No ☒

8. What are your monthly expenses? *I have none*

Rent: \$ \_\_\_\_\_ Utilities: \_\_\_\_\_

Food: \$ \_\_\_\_\_ Clothing: \_\_\_\_\_

Charge Accounts:

<u>Name of Account</u>	<u>Monthly Payment</u>	<u>Total Owed on This Acct.</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

I have no debts.

10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes \_\_\_ No \_\_\_ ?

Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.

I am in Administrative Segregation and am not being granted access to the Law Library.

I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

3-20-2008

DATE

Richard L. Foster

SIGNATURE OF APPLICANT

Case Number: \_\_\_\_\_

**CERTIFICATE OF FUNDS**  
**IN**  
**PRISONER'S ACCOUNT**

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of \_\_\_\_\_ for the last six months  
[prisoner name]  
\_\_\_\_\_ where (s)he is confined.  
[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ \_\_\_\_\_ and the average balance in the prisoner's account each month for the most recent 6-month period was \$ \_\_\_\_\_.

Dated: \_\_\_\_\_

\_\_\_\_\_  
[Authorized officer of the institution]

I, Richard Lee Foster, E-67301, F2-8-2382  
 Name: CDC #: Housing Unit

am seeking to bring a civil action or appeal a judgment in  
SOUTHERN DISTRICT COURT OF CALIFORNIA without prepayment of fees  
 Title of the Court: (i.e. U. S. District Court)  
 (In Forma Pauperis) pursuant to 28 U.S.C. 1915(a) (2).

Enter the caption for the legal action:

Richard Lee Foster v. Sergeant A. Verkanteren  
 Plaintiff: Defendant:

Address of the Court: U.S. District Court, Room 4290  
880 Front Street  
San Diego, CA 92101-8900

In order to proceed, a certified copy of my Trust Fund Account must be submitted to the court of jurisdiction. I understand that CDC regulations and the court require that the certified copy be submitted directly to the Court from the Institution's Accounting office. I request a statment be sent to the court.

Richard Lee Foster  
 Inmate Signature:

This form must be submitted to the Central Librarian who will log the request in and forward the form to the Accounting office at the institution for processing.

The Inmate Request For Certified Statement Of Trust Account was received in the Central Library on, 3-12-08,  
 Date:

by [Signature]  
 Name of Librarian who logged request

A Certified Statement Of Trust Account for a six month period from \_\_\_\_\_ through \_\_\_\_\_ for the above  
 Date: Date:  
 identified inmate was processed through the Accounting Office at the Richard J. Donovan Correctional Facility  
 on, \_\_\_\_\_, by \_\_\_\_\_  
 Date: Name of person processing

I, \_\_\_\_\_ declare that on, \_\_\_\_\_, I  
 Name of person processing Date:  
 deposited the Certified Statement of Trust Account in the United States Postal Service addressed as follows.

Signed: \_\_\_\_\_  
 Signature of employee mailing statement

REPORT ID: TS3030 .701

REPORT DATE: 01/31/08

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS  
R.J.DONOVAN CORR. FACILITY  
INMATE TRUST ACCOUNTING SYSTEM  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JAN. 01, 2008 THRU JAN. 31, 2008

ACCOUNT NUMBER : E67301                      BED/CELL NUMBER: F20800000000238L  
ACCOUNT NAME : FOSTER, RICHARD LEE              ACCOUNT TYPE: I  
PRIVILEGE GROUP: D

## TRUST ACCOUNT ACTIVITY

&lt;&lt; NO ACCOUNT ACTIVITY FOR THIS PERIOD &gt;&gt;

## TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	0.00	0.00

CURRENT  
AVAILABLE  
BALANCE

0.00

REPORT ID: TS3030 .701

REPORT DATE: 02/29/08

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS  
R.J.DONOVAN CORR. FACILITY  
INMATE TRUST ACCOUNTING SYSTEM  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: FEB. 01, 2008 THRU FEB. 29, 2008

ACCOUNT NUMBER : E67301                      BED/CELL NUMBER: F20800000000238L  
ACCOUNT NAME : FOSTER, RICHARD LEE              ACCOUNT TYPE: I  
PRIVILEGE GROUP: D

## TRUST ACCOUNT ACTIVITY

\* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT \*  
\* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. \*

&lt;&lt; NO ACCOUNT ACTIVITY FOR THIS PERIOD &gt;&gt;

## TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	0.00	0.00

CURRENT  
AVAILABLE  
BALANCE

0.00